PART B - FEE(S) TRANSMITTAL

APR 24 LULU	(병		or <u>Fax</u>	(571)-273-2885	5 22010 1400	
INSTRUCTIONS: This for appropriate All further or indicated trues propriet and maintenance for	orth/should be used for tran trespondence including the below or directed otherwise ons.	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLIG rders and notification a) specifying a new of	CATION FEE (if red of maintenance fees correspondence addres	quired). Blocks I through 5 will be mailed to the curren ss; and/or (b) indicating a sep	should be completed where it correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDEN	ICE ADDRESS (Note: Use Block 1 for 03/02/2006			Note: A certificate of Fee(s) Transmittal. Transmittal. Transmittal.	of mailing can only be used f his certificate cannot be used nal paper, such as an assignm ate of mailing or transmission.	for domestic mailings of the for any other accompanying ent or formal drawing, must
TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR				I hereby certify that States Postal Service addressed to the M transmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is bein e with sufficient postage for fin ail Stop ISSUE FEE address SPTO (571) 273-2885, on the	smission ag deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
1/2006 DTESSERS 0000	0051 ^A 20143b ¹⁻³ 93d7257.	3	_	Margaret K	. Stephan	(Depositor's name)
:1501 1400.00	DA	4		Margan	+ X Stipte	(Signature)
C:1504 300.00 C:8001 30.00	DA			Apri1019.	2006	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
FITLE OF INVENTION: S APPLN. TYPE	SYSTEM AND METHOD FO	OR DISPLAYING ISSUE F		JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	06/02/2006
EXAMINER PATEL, ASHOKKUMAR B		· · · · · · · · · · · · · · · · · · ·		CLASS-SUBCLASS	٦	00/02/2000
				709-249000		
Address form PTO/SB/	122) attached.	•		matively,	a mambar a 2	and Crew
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles	ndence address (or Change of 122) attached. ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified be	e of a Customer E PRINTED ON Telow, no assignee	(2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print data will appear on the patent of the patent	single firm (having as or agent) and the na attorneys or agents. Il be printed.	s a member a 2	, , , , , , , , , , , , , , , , , , ,
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles	ation (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified be in 37 CFR 3.11. Completion	e of a Customer E PRINTED ON Telow, no assignee	(2) the name of a registered attorney 2 registered paten listed, no name with EPATENT (print data will appear on to a substitute for filin	single firm (having as or agent) and the na attorneys or agents. Il be printed.	gnee is identified below, the o	, , , , , , , , , , , , , , , , , , ,
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN	ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion NEE	e of a Customer E PRINTED ON Telow, no assignee	(2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print data will appear on the substitute for filing).	single firm (having as or agent) and the nat attorneys or agents. Il be printed. or type) the patent. If an assig g an assignment. CITY and STATE OR	gnee is identified below, the o	, , , , , , , , , , , , , , , , , , ,
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN	ation (or "Fee Address" Indict or more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion NEE	e of a Customer E PRINTED ON Telow, no assignee of this form is NO	(2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print of data will appear on to T a substitute for filin (B) RESIDENCE: (6)	single firm (having as or agent) and the nat attorneys or agents. Il be printed. or type) the patent. If an assign an assignment. CITY and STATE OR yo, Japan	gnee is identified below, the o	document has been filed for
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN Hitac	ation (or "Fee Address" Indict or more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion NEE hi, Ltd. te assignee category or category	e of a Customer E PRINTED ON Telow, no assignee of this form is NO	(2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print data will appear on the T a substitute for filling) (B) RESIDENCE: (Cartes) Token the patent):	single firm (having as or agent) and the nat attorneys or agents. Il be printed. or type) the patent. If an assign an assignment. CITY and STATE OR yo, Japan	gnee is identified below, the o	
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN Hitac. Please check the appropriate As. The following fee(s) are Kissue Fee	ation (or "Fee Address" Indict or more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion NEE hi, Ltd. te assignee category or categore enclosed:	e of a Customer E PRINTED ON Telow, no assignee of this form is NO ries (will not be pr	(2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print of data will appear on the T a substitute for filling) (B) RESIDENCE: (C) Toke inted on the patent):	single firm (having as or agent) and the nata attorneys or agents. If the patent. If an assignment. CITY and STATE OR yo, Japan Individual XX mount of the fee(s) is a son a single fee(s) is a son and the fee(s) is a son a son and the fee(s) is a	gnee is identified below, the of a COUNTRY) Corporation or other private grenclosed.	document has been filed for
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN Hitac. Please check the appropriate As. The following fee(s) are Kissue Fee	ation (or "Fee Address" Indict or more recent) attached. Use D RESIDENCE DATA TO B as an assignee is identified bein 37 CFR 3.11. Completion NEE hi, Ltd. te assignee category or categore e enclosed: small entity discount permittee.	e of a Customer E PRINTED ON Telow, no assignee of this form is NO ries (will not be pr	(2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print of data will appear on to to a substitute for filin (B) RESIDENCE: (GTO k). To k inted on the patent): Payment of Fee(s): A check in the ar Payment by cred	single firm (having as a or agent) and the nat attorneys or agents. If the patent. If an assing an assignment. CITY and STATE OR yo, Japan Individual XX. nount of the fee(s) is a six card. Form PTO-20	gnee is identified below, the of a country) Corporation or other private grenclosed.	document has been filed for
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN Hitac. Please check the appropriate as The following fee(s) are Kissue Fee Republication Fee (No Advance Order - # co.	ation (or "Fee Address" Indict or more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion NEE hi, Ltd. te assignee category or categore e enclosed: small entity discount permitted for Copies 10 s (from status indicated above	e of a Customer E PRINTED ON Telow, no assignee of this form is NO ries (will not be properties)	(2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print of data will appear on to a substitute for filin (B) RESIDENCE: (Control of the patent): D. Payment of Fee(s): A check in the arm Payment by cred (Control of the patent): The Director is the Deposit Account	single firm (having as a ror agent) and the nat attorneys or agents. If the patent. If an assing an assignment. CITY and STATE OR The patent of the fee(s) is a count of the fee(s) is a count of the fee(s) at card. Form PTO-20 preby authorized by claumber 20-1	gnee is identified below, the of a country) Corporation or other private grenclosed. 38 is attached. harge the required fee(s), or creduction of the country of the coun	document has been filed for roup entity Government edit any overpayment, to tra copy of this form).
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN Hitac. Please check the appropriate As. The following fee(s) are Kissue Fee KPublication Fee (No KAdvance Order - # co. Change in Entity Status a. Applicant claims S.	ation (or "Fee Address" Indict or more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion NEE hi, Ltd. te assignee category or categore enclosed: small entity discount permitted of Copies 10 s (from status indicated above SMALL ENTITY status. See	e of a Customer E PRINTED ON Telow, no assignee of this form is NO ries (will not be pr 4b 2d) 37 CFR 1.27.	(2) the name of a registered attorney 2 registered patent listed, no name will listed, no name will appear on to a substitute for filin (B) RESIDENCE: (Control of the patent): D. Payment of Fee(s): A check in the arm Payment by cred (Control of the patent): Deposit Account	single firm (having as a or agent) and the nat attorneys or agents. If the patent. If an assing an assignment. CITY and STATE OR Upon Japan Individual I	gnee is identified below, the of a country) Corporation or other private grenclosed. 38 is attached. harge the required fee(s), or creduction of the country of the coun	document has been filed for roup entity Government edit any overpayment, to tra copy of this form).
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN Hitac. Please check the appropriate As. The following fee(s) are Kissue Fee KPublication Fee (No KAdvance Order - # co. Change in Entity Status a. Applicant claims S.	ation (or "Fee Address" Indict or more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion NEE hi, Ltd. te assignee category or categore enclosed: small entity discount permitted of Copies 10 s (from status indicated above SMALL ENTITY status. See	e of a Customer E PRINTED ON Telow, no assignee of this form is NO ries (will not be pr 4b 2d) 37 CFR 1.27.	(2) the name of a registered attorney 2 registered patent listed, no name will listed, no name will appear on to a substitute for filin (B) RESIDENCE: (Control of the patent): D. Payment of Fee(s): A check in the arm Payment by cred (Control of the patent): Deposit Account	single firm (having as a or agent) and the nat attorneys or agents. If the patent. If an assing an assignment. CITY and STATE OR Upon Japan Individual I	gnee is identified below, the of a country) Corporation or other private grenclosed. 38 is attached. harge the required fee(s), or creduction of the country and the country are the required fee(s), or creduction of the country status. See 37 Country status st	document has been filed for roup entity Government edit any overpayment, to ra copy of this form). CFR 1.27(g)(2). ation identified above. the assignee or other party in
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth it (A) NAME OF ASSIGN Hitac. Please check the appropriate at The following fee(s) are Kissue Fee KPublication Fee (No KAdvance Order - # control of the USPTO NOTE: The Issue Fee and Interest as shown by the record Authorized Signature Authorized Signature	ation (or "Fee Address" Indict or more recent) attached. Use D RESIDENCE DATA TO Best an assignee is identified bein 37 CFR 3.11. Completion NEE hi, Ltd. te assignee category or categore enclosed: small entity discount permitted of Copies 10 s (from status indicated above SMALL ENTITY status. See	e of a Customer E PRINTED ON Telow, no assignee of this form is NO ries (will not be properties) at the properties of this form is no delow. The propert	(2) the name of a registered attorney 2 registered patent listed, no name will listed, no name will appear on to a substitute for filin (B) RESIDENCE: (Control of the patent): D. Payment of Fee(s): A check in the arm Payment by cred (Control of the patent): Deposit Account	single firm (having as or agent) and the nata tromeys or agents. Il be printed. or type) the patent. If an assign an assignment. CITY and STATE OR yo, Japan Individual XX mount of the fee(s) is a sign at the card. Form PTO-20 ereby authorized by cl. o longer claiming SM. re-apply any previous and the applicant; a reserved.	gnee is identified below, the of a country) Corporation or other private greenclosed. 38 is attached. harge the required fee(s), or creed attached. ALL ENTITY status. See 37 Country status s	document has been filed for roup entity Government edit any overpayment, to ra copy of this form). CFR 1.27(g)(2). ation identified above. the assignee or other party in